

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029278

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2038

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FlorissantLength of stay in 1b
3 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 560 Harrison St.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Florissant

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
560 Harrison St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
EDWARD ELLIS BROWN4. DATE OF DEATH
Month Day Year
July 9, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-14-19119. AGE (last birthday)
50IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Parts Inspector10b. KIND OF BUSINESS OR INDUSTRY
General Motors11. BIRTHPLACE (City and state or country)
Oswego, New York12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Paul Arnold Brown

13b. MOTHER'S MAIDEN NAME

Anna Thomas

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes ☒ No ☐ Unknown ☐

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address
Robertta Fun'houser, Jefferson Town, Ky.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertensive Heart Disease
Coronary sclerosis with
myocardial occlusion - infarction

INTERVAL BETWEEN ONSET AND DEATH

1 yr
1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

obesity

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
[REDACTED]20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
garage

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred atJuly 9, 1962 July 9, 1962
G.A.M. and last saw him alive on 11-17-1961
on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dominic J. Verdery

(Degree, or title)

22b. ADDRESS

4500 Olive St

22c. DATE SIGNED

7-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
7-12-196223c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery23d. LOCATION (City, town, or county)
St. Louis Co.

(State)

24. FUNERAL DIRECTOR

ADDRESS

The Florissant Mortuary, Florissant, Mo.

25. DATE RECD. BY LOCAL REG.

7-11-62

26. REGISTRAR'S SIGNATURE

John E. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14013

24013

3

4

5

6

7

8

94201

10

11

1270-0

13

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4966

P. O. Address Florissant, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.